**EXHIBIT F** 

Your claim must
be submitted
online or
postmarked by:

[Opt-Out

**Deadline** 

In re Natera Prenatal Testing Litigation

4:22-cv-00985-JST

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> [Opt-Out Deadline]

Case No. 4:22-cv-00985

United States District Court for the Northern District of California

**EXCLUSTION REQUEST ("OPT OUT") FORM** 

## **GENERAL INSTRUCTIONS**

If you do not want to be part of the Settlement, you can exclude yourself. This is also called "opting out." If you exclude yourself, you will not be eligible to receive any benefits under the Settlement. You will, however, keep any rights you may have to sue Natera on the same issues as resolved by the Settlement.

To exclude yourself, simply fill out the form below, and submit it to the Settlement Administrator. Do <u>not</u> file a Claim Form if you exclude yourself from the Settlement.

If you have questions about how to exclude yourself, you can ask for free help any time by contacting the Settlement Administrator at:

- Email: info@[SettlementWebsite].com
- Call toll free, 24/7: 1-XXX-XXXX-XXXX
- By mail: In re Natera Prenatal Testing Litigation Settlement, c/o Exclusion Requests, [PO Box Number], Santa Ana, CA 92799-9958.

## THE EASIEST WAY TO SUBMIT YOUR EXCLUSION REQUEST IS ONLINE AT www.[SettlementWebsite].com

You may also print out and complete this Exclusion Request Form, and submit it by U.S. mail to:

In re Natera Prenatal Testing Litigation Settlement c/o Exclusion Requests [PO Box Number] Santa Ana, CA 92799-9958

An electronic image of the completed Exclusion Request Form can also be emailed to <a href="mailto:info@[SettlementWebsite].com">info@[SettlementWebsite].com</a>

You must submit online, mail, or email your Exclusion Request Form by [Opt-Out Deadline].

Your claim must be submitted online or postmarked by:

United States District Court for the Northern District of California

[Opt-Out **Deadline**] 4:22-cv-00985-JST

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## **EXCLUSTION REQUEST ("OPT OUT") FORM**

In re Natera Prenatal Testing Litigation

Case No. 4:22-cv-00985

I. CLASS MEMBER NAME AND CONTACT INFORMATION		
Print your name and contact information	tion below. All fields are required. <b>Please p</b>	orint legibly.
First Name	Last Name	
Street Address		
City	State	Zip Code
Email Address	Phone Number	Notice ID (if known)
IV. EXCLUSION REQUEST & SIGNAT	URE	
I, the undersigned, hereby request to	be excluded from the Settlement in <i>In re N</i>	latera Prenatal Testing Litigation.
Signature	Printed Name	Date